

1400 West Third , Little Rock, AR 72201
Phone (501) 682-1517 or (800) 666-2877
Fax (501) 683-1210
Website - <http://www.arttrs.gov>

FOR AGENCY USE
ONLY

T#

Date _____

By

Payroll period

Employer

Account #

- | | | | |
|-----------|--|----|-----|
| 1. | List amount of salaries for employees enrolled in TDROP | \$ | |
| 2. | 14% Employer TDROP Contribution Rate | x | 14% |
| 3. | Total TDROP Employer Contributions Due
<i>(Multiply Line 1 by 14%)</i> | \$ | |

- 4. Please List Check(s) Below**

Check #	Amount	Check #	Amount
		Total	\$

Date _____

Signature / Title

Telephone Number

E-mail address

In order to avoid a \$150 late report penalty and a 6% interest penalty, under Act 300 of 1993, your remittance report and money must be received in this office by the 15th calendar day following the end of each month the money is due or be postmarked no later than the 14th day of the month due. If the 14th falls on a Saturday, Sunday or National Holiday you will have until the next workday to postmark your remittance report. THIS IS THE ONLY NOTICE YOU WILL RECEIVE!

A copy of an APSCN Short Report MUST be attached to this form & be submitted electronically
Non APSCN Users - a Detailed Report MUST be attached to this form.